

Adult-onset isolated focal dystonia – a descriptive study in a Romanian group of patients

I. Popescu-Olaru^{1,2}, O. L. Băjenaru³, F. Raicu^{2,5}, R. Cocos², L. Cozma¹, D. Tulbă¹, A. Lefter¹, E. Șerban², L. Dumitrescu^{1,2}, B. O. Popescu^{1,2,4}

¹ Department of Neurology, Colentina Clinical Hospital, Bucharest, Romania; ² “Carol Davila” University of Medicine and Pharmacy, Bucharest, Romania; ³ “Ana Aslan” National Institute of Geriatrics and Gerontology, Bucharest, Romania; ⁴ Laboratory of Molecular Biology, “Victor Babeș” National Institute of Pathology, Bucharest, Romania; ⁵ ”Francisc Reiner” Institute of Anthropology, Bucharest, Romania

Background and aims

Adult-onset isolated focal dystonia (AOIFD) is the most common form of dystonia. Despite its unclear etiopathogenesis, certain individual and environmental factors appear to influence disease progression (DP). We present the clinical and epidemiological phenotype of AOIFD in a Romanian group of patients, aiming to find correlations between DP and environmental factors.

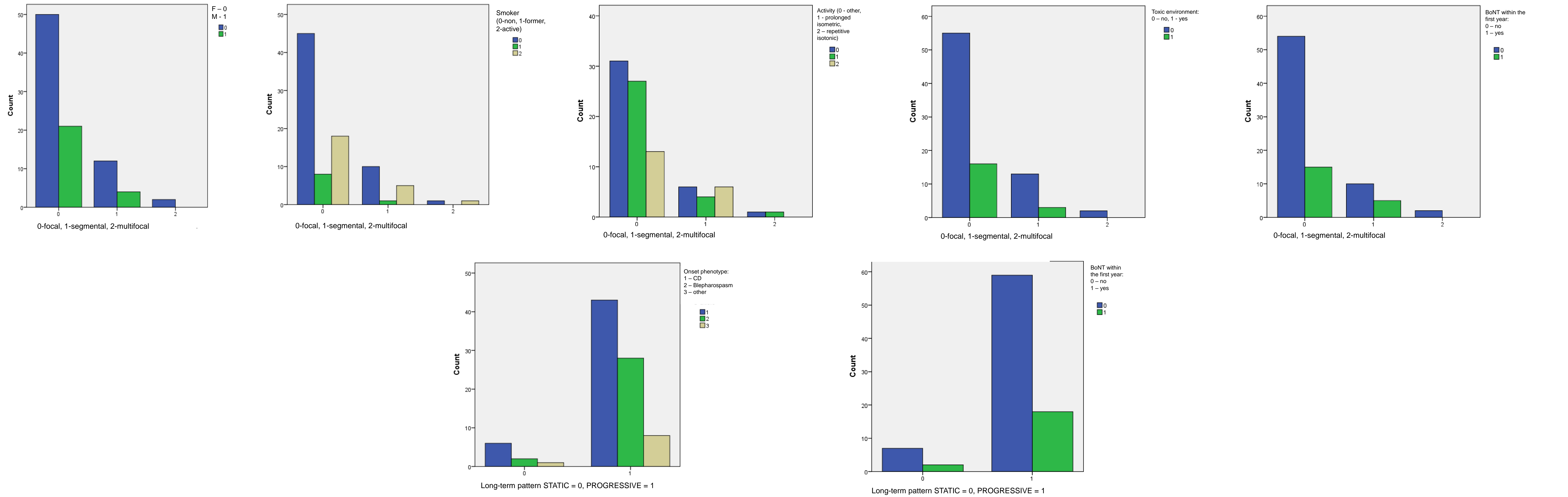
Methods

We conducted a retrospective cross-sectional observational study in a tertiary-center-based Neurology Department from November 2017 until December 2018. 90 patients with AOIFD were included and demographic factors and DP were analysed. We defined DP either as focal dystonia aggravation or extension to other regions. Statistical analysis was performed using SPSS Statistics 20. s

Conclusion

Identifying environmental factors putatively involved in AOIFD progression may serve for future elaboration of efficient disease management strategies. Smoking might be a risk factor for DP in CD.

Results



We identified 90 patients, wherein women were more prevalent (70%). Disease onset in most cases was in late adulthood (average age 45.88 years) and average disease duration was 8.38 years. Cervical dystonia (CD) was the most frequent phenotype at onset (54%), followed by blepharospasm (36%). Although 90% of patients had DP, dystonia remained focal in 80%, whereas 18% progressed to segmental and 2% to multifocal dystonia. Men had a higher DP rate ($p=0.046$). There were no correlations between DP and either alcohol/coffee intake, smoking, age at onset, disease duration or symptomatic treatment during first year of disease. Similar results were found for the blepharospasm subgroup, whilst DP correlated with higher number of cigarettes among those with CD ($p=0.048$). No correlations were found between BoNT treatment within the first year of evolution and long-term pattern evolution (static/progressive).

Disclosure

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References

- Jennifer Han, Samay Jain, Clinical presentation and prognosis of common movement disorders. Current concepts in Movement Disorders, 2018
- Marina Picillo, Renato . Munhoz, Medical Management of Movement Disorders, Current concepts in Movement Disorders Management, 2018
- Dressler et al., Botulinum toxin therapy of cervical dystonia: duration of therapeutic effects. J Neural Transm, 2014.